

# Instructions for Person Who Wants to Set Up the Guardianship

GC-020(P)

<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE	CASE NUMBER:
OF (Name): <b>Write child's full name here</b>	<b>Write your case number here</b>
<input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	

## PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP

(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing—Guardianship or Conservatorship for each person who personally served a copy of the Notice.)

- I am over the age of 18 and not a party to this cause.
- I served the attached *Notice of Hearing—Guardianship or Conservatorship* by personally delivering a copy to each person listed below at the address and on the date and time indicated below.
- ☐ I served with the attached *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.
- ☐ I served with the attached *Notice of Hearing—Guardianship or Conservatorship* copies of the following documents (*specify*):  
  
☐ Continued on Attachment 4.
- I am (*check all that apply*):
  - ☐ not a registered California process server.
  - ☐ a California sheriff or marshal.
  - ☐ a registered California process server.
  - ☐ an employee or independent contractor of a registered California process server.
  - ☐ exempt from registration (Bus. & Prof. Code, § 22350(b)).
- My name, address, telephone number, and, if applicable, county of registration and number, are (*specify*):

## NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE

	Name	Address where served ( <i>number, street, city, and state</i> )	Date and time service made
1.	<b>Write the name of the parent here</b>	<b>Write the name and address of the person here</b>	Date: <b>Leave this blank</b> Time: <b>Leave this blank</b>
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ Time: _____

- ☐ List of names and addresses of persons personally served by the undersigned continued on an attachment.  
(You may use Attachment to Notice of Hearing Proof of Personal Service, form DE-120(PA)/GC-020(PA), for this purpose.)

**I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

**(For California sheriff or marshal use only)**  
**I certify** that the foregoing is true and correct

Date:

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SIGNATURE)

**Leave this blank**

**Leave this blank**

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